

FORMS

Multimedia Permission

TCAP-Alt Participation Guidelines

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MULTIMEDIA PERMISSION FORM

Date: _____

I give my permission for the _____ School to take pictures, video or audiotape of my son or daughter _____.

I understand that this will be included in my son's or daughter's State Assessment and will be used for educational purposes only. Any reproduction of my son's or daughter's assessment for state scoring training will require that all identifying information be removed.

Signature of Parent/Caregiver

TCAP-ALT Participation Guidelines

(Addendum to the IEP)

Student: _____

Date: _____

To participate in the Alternate Assessment, the student shall have a current IEP and documentation to support all of the criteria listed below.

SECTION I

| YES | NO | CHECK YES OR NO AND DOCUMENT BELOW |
|------------|-----------|---|
| | | <p>The student demonstrates cognitive ability and adaptive skills, which prevent full involvement and completion of the state approved content standards even with program modifications.</p> <p>Cognitive Ability Test: _____ Date _____</p> <p>Total Battery Score: _____</p> <p>Highest Component Score _____ Lowest Component Score _____</p> <p>Adaptive Behavior Skills Assessment: _____</p> <p>Total Battery Score: _____</p> <p>Highest Component Score _____ Lowest Component Score _____</p> |
| | | The student requires intensive, frequent individualized instruction in a variety of settings including school, community, home, or the workplace to acquire, maintain, and generalize functional academics and life skills. |
| | | There are historical data (current and longitudinal across multiple settings) that confirm the individual student criteria listed above. |
| | | <p>The following conditions have been ruled out as primary justification for not completing the Tennessee Comprehensive Assessment Program (TCAP), even with extensive accommodations and modifications:</p> <ul style="list-style-type: none"> • excessive or extended absences, • sensory impairments, • emotional-behavioral disabilities, • specific learning disabilities, • language impairment, • limited English proficiency, or • social, cultural, and economic differences. |
| YES | NO | FOR A STUDENT 14 YEARS OF AGE OR OLDER |
| | | The student is unable to complete a state approved high school diploma program, even with extended learning opportunities and/or accommodations. |

If the answer to any Section I question is NO--STOP HERE.
This student does not meet criteria for participation in the Alternate Assessment

If ALL the answers to Section I are YES--PROCEED to Section II

Student: _____

Date: _____

SECTION II

Guidelines for Determining Participation in TCAP-Alt ASA or TCAP-Alt PA

| YES | NO | |
|-----|----|---|
| | | <p>Based on criterion-referenced or norm-referenced assessments, the student's <u>instructional reading level</u> measures at least pre-kindergarten/readiness skills level.</p> <ul style="list-style-type: none"> • Test: _____ Date _____ • Instructional Reading Level: _____ |
| | | <p>The IEP team has determined the student is not expected to experience duress or demonstrate disruptive behaviors under standardized testing conditions.</p> |

**IF the answer to both SECTION II questions are YES,
the student may participate in the TCAP-Alt Alternate Standards Assessment (TCAP-ALT ASA) option**

HOWEVER, the IEP team may determine the TCAP-Alt Portfolio Assessment (TCAP-Alt PA) is the more appropriate assessment.

The IEP team has determined that the student will participate in (*check one*):

☐ TCAP-Alt ASA – _____ Level (See Table 2 in Manual)

OR

☐ TCAP-Alt PA (*Check Content Areas for Assessment*)

☐ Reading/Language Arts ☐ Mathematics ☐ Science ☐ Social Studies

-
- ☐ IEP team Members agree that the student meets participation guidelines for the TN Alternate Assessment and will be excluded from the regular state assessment.
- ☐ The student's participation in the TN Alternate Assessment is documented and justified annually on the IEP.
- ☐ Accommodations are documented on the IEP in the Classroom Instruction and Testing Accommodations/Modifications Sections.

IEP TEAM MEMBERS

Signature

Position

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TABLE OF CONTENTS

Student Name: _____

DOB: _____

School: _____

Page Number

Student Letter to the Reviewer

Parent Interview

Schedule (give page number(s) of location)

Sample of Student's Mode of Communication

Entry #1: English / Language Arts

Entry #2: Mathematics

Entry #3: Science

Entry #4: Social Studies

Comments:

PORTFOLIO VALIDATION

We, the undersigned, participated actively in either the planning, monitoring or evaluation of the instructional programming designed to meet the specified standards of the TCAP-Alt.

Instructional Team Signatures

Parent: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Student Name: _____

DOB: _____

Grade: _____

READING/LANGUAGE ARTS ENTRY TABLE OF CONTENTS

** Refer to Tennessee Curriculum Framework for detailed information regarding content standards and demonstration of learning expectations*

PROCESS & CONTENT STANDARDS EVIDENCED: (Check all Curriculum Standards evidenced within this entry)

___ writing
___ reading

___ elements of language

EVIDENCE INCLUDED IN THIS ENTRY

CONTEXT

State the targeted functional skill:

___ Check here if age appropriate materials and activities are shown throughout this portfolio.

___ Check here if functional materials and activities are shown throughout this portfolio.

List Standards-based Activities evidenced in this entry:

1. _____
2. _____
3. _____

___ Check here if more activities are listed on the back of this page.

Directions: List pages numbers to indicate where the following types of evidence are located in this entry.

DATA PERIOD 1

DATA PERIOD 2

CHOICE

pages

pages

Chooses within or among activities

Monitors performance

Evaluates performance

Plans performance

Adjusts performance

SUPPORTS

Peer tutor support

Natural support w/ partial teacher participation

Extensive natural support

Adaptations

SETTINGS (List settings and give page numbers for evidence)

1. _____

2. _____

3. _____

4. _____

5. _____

___ Check here if more activities are listed on the back of this page.

PEER INTERACTIONS

Student Name: _____

DOB: _____

Grade: _____

MATH ENTRY TABLE OF CONTENTS

** Refer to Tennessee Curriculum Framework for detailed information regarding content standards and demonstration of learning expectations*

PROCESS & CONTENT STANDARDS EVIDENCED: (Check all Curriculum Standards evidenced within this entry)

- | | |
|---|--|
| <input type="checkbox"/> numbers and operations | <input type="checkbox"/> measurement |
| <input type="checkbox"/> algebra | <input type="checkbox"/> data analysis and probability |
| <input type="checkbox"/> geometry | |

EVIDENCE INCLUDED IN THIS ENTRY

CONTEXT

State the targeted functional skill:

☐ Check here if age appropriate materials and activities are shown throughout this portfolio.

☐ Check here if functional materials and activities are shown throughout this portfolio.

List Standards-based Activities evidenced in this entry:

1. _____
2. _____
3. _____

☐ Check here if more activities are listed on the back of this page.

Directions: List pages numbers to indicate where the following types of evidence are located in this entry.

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Extensive natural support

Adaptations

SETTINGS (List settings and give page numbers for evidence)

1. _____
2. _____
3. _____
4. _____
5. _____

☐ Check here if more activities are listed on the back of this page.

PEER INTERACTIONS

Student Name: _____

DOB: _____

Grade: _____

SCIENCE ENTRY TABLE OF CONTENTS

** Refer to Tennessee Curriculum Framework for detailed information regarding content standards and demonstration of learning expectations*

PROCESS AND CONTENT STANDARDS EVIDENCED: (Check all Curriculum Standards evidenced within this entry)

___ life science

___ earth & space science

___ physical science

EVIDENCE INCLUDED IN THIS ENTRY

CONTEXT

State the targeted functional skill:

___ Check here if age appropriate materials and activities are shown throughout this portfolio.

___ Check here if functional materials and activities are shown throughout this portfolio.

List Standards-based Activities evidenced in this entry:

1. _____

2. _____

3. _____

___ Check here if more activities are listed on the back of this page.

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Extensive natural support

Adaptations

SETTINGS (List settings and give page numbers for evidence)

1. _____

2. _____

3. _____

4. _____

5. _____

___ Check here if more activities are listed on the back of this page.

PEER INTERACTIONS

Student Name: _____

DOB: _____ Grade: _____

SOCIAL STUDIES ENTRY TABLE OF CONTENTS

** Refer to Tennessee Curriculum Framework for detailed information regarding content standards and demonstration of learning expectations*

PROCESS AND CONTENT STANDARDS EVIDENCED: (Check all Curriculum Standards evidenced within this entry)

___ history ___ economics ___ governance & civics
___ geography ___ culture ___ individuals, groups, interaction

EVIDENCE INCLUDED IN THIS ENTRY

CONTEXT

State the targeted functional skill:

___ Check here if age appropriate materials and activities are shown throughout this portfolio.

___ Check here if functional materials and activities are shown throughout this portfolio.

List Standards-based Activities evidenced in this entry:

1. _____
2. _____
3. _____

___ Check here if more activities are listed on the back of this page.

Directions: List page numbers to indicate where the following types of evidence are located in this entry.

DATA PERIOD 1

DATA PERIOD 2

CHOICE

pages

pages

Chooses within or among activities

Monitors performance

Evaluates performance

Plans performance

Adjusts performance

SUPPORTS

Peer tutor support

Natural support w/ partial teacher participation

Extensive natural support

Adaptations

SETTINGS (List settings and give page numbers for evidence)

1. _____
2. _____
3. _____
4. _____
5. _____

___ Check here if more activities are listed on the back of this page.

PEER INTERACTIONS

Language Arts

Data Point: 1 2

Target Skill: Listening

Plan:

Today I choose to:



Listen to a Story

I will work on:



Make eye contact



Listen to Cassette



Watch a video



Listen



Respond positively

Monitor

| | Yes | No | # of times in 10 min |
|------------------|-----|----|----------------------|
| Make eye contact | | | |
| Listen | | | |
| Respond Positive | | | |

I feel like I did:



Next time I will work on:

Make eye contact



Listen

Respond positively

eyes



I did this in:



Home



School

Natural Supports:

I worked with: peer teacher assistant

Signatures: _____

Plan, Monitor, and Evaluate

Date: _____

Student: _____

Standards: _____

Targeted Skill: _____

| | | |
|---|---|----------------------|
| My use of Planning/Choice | I made a CHOICE of: | |
| | Choice Made | |
| Using Evaluation to Improve Performance | Based on what I did last session, my helper will tell me the steps that I need to work harder on: I need to work harder on the following steps: | |
| | | (√ all that apply) |
| | STEP 1: | |
| | STEP 2: | |
| | STEP 3: | |
| | STEP 4: | |
| | STEP 5: | |
| Monitor | I know I did a “good job” on each step when | |
| | The steps I did a “good job” on are: | |
| | | (√ all that apply) |
| | STEP 1: | |
| | STEP 2: | |
| | STEP 3: | |
| | STEP 1: | |
| Evaluation | I will indicate I did a good job by _____ to communicate “good job”. | |
| | | (√ the correct area) |
| | I did a “good job” | |
| | I did not do a “good job” | |

Key of Community Helpers or Peers

Signature _____

☐ community helper

☐ peer

Comment _____

Setting: _____

NAME: _____
 SUBJECT AREA: English/Language Arts

DATE: __ __ __

TARGET SKILL: Communication

(Activity) TODAY I WILL: _____
 Skills need to complete activity:



look



initiate conversation



wave hello/good-by



take turns



listen

Where will I do this activity?



Lab



Playground



Inclusion



Gym



Cafeteria



I will choose to do this activity

by myself (or)



select a peer

(to work with or sit by)

STUDENT MONITORING (How did I do?)

Not very good

good

great

looking



initiating conversation



waving hello/good-by



taking turns



listening



(Adaptations) Since I communicate by gestures, and affect, my responses will be marked hand over hand with the assistance of a teacher / peer/ teacher assistant / other.

EVALUATION

During this activity I:



Cried
other _____



smiled



vocalized



showed frustration



followed directions

How did I do?

Not very good



good



great



Next time I will work harder on:



looking



initiating conversation



waving hello/good-by



taking turns



listening

Peer Goal _____

Signature of Peer _____

Signature of Adult in charge _____

Were other choice given? Yes NO

The choices given were _____

Comments:

Teacher Data

Student: _____

Standard: _____

Targeted Skill: _____

| |
|------------------------|
| Documentation Codes |
|------------------------|

| | <i>DATE</i> | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | STEP 1: | | | | | | | | | | | | |
| 2 | STEP 2: | | | | | | | | | | | | |
| 3 | STEP 3: | | | | | | | | | | | | |
| 4 | STEP 4: | | | | | | | | | | | | |
| 5 | STEP 5: | | | | | | | | | | | | |
| | Total Score | | | | | | | | | | | | |
| | Percent Correct | | | | | | | | | | | | |
| SETTING | Setting Codes C = Community CL = Special Classroom GE = General Education | | | | | | | | | | | | |
| | Specific Setting | | | | | | | | | | | | |
| | Peer or Community / Contact Initials | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Data Collection Sheet

Data Period: _____

Skill: _____

Student: _____

Task Analysis

[illegible]

Settings Code:

Scoring Code: Correct =
 Incorrect =